PTO/SB/21 (04-07)
Approved for use through 09/30/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE tion Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/680,374 Filing Date **TRANSMITTAL** October 7, 2003 First Named Inventor **FORM** Johan RADE Art Unit 2635 J. Patel (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission 3 588722000400 **ENCLOSURES** (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please x Extension of Time Request Terminal Disclaimer Identify below): Return Receipt Postcard Express Abandonment Request Request for Refund CD, Number of CD(s) Information Disclosure Statement Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name **MORRISON & FOERSTER LLP** Signature

Reg. No.

43,636

Printed name

Date

Deborah S. Gladstein

May 29, 2007

PTO/SB/22 (04-07)
Approved for use through 09/30/2007. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			Docket Number (Optional) 588722000400				
Application Number 10/680,374			Filed	Filed October 7, 2003			
For METHOD AND SYSTEM FOR G	RAPHICS COMPR	ESSION ANI	D DISPLAY				
Art Unit 2635			Examiner	J. Pate	el		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
One month (37 CFR 1.17(a)		<u>ee</u> §120	Small Entity Fe \$60	<u>e</u> \$			
Two months (37 CFR 1.17(a	a)(2))	6450	\$225	\$			
X Three months (37 CFR 1.17	'(a)(3)) \$ ²	1020	\$510	\$	510.00		
Four months (37 CFR 1.17(a)(4)) \$ ⁻	1590	\$795	\$			
Five months (37 CFR 1.17(a)(5))		2160	\$1080	\$			
A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number October 1							
applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 43,636 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 May 29, 2007 Signature Date							
Deborah S. Gl			(70:	3) 760-7753			
Typed or printed name Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of f	orms are submitted.						

05/31/2007 AUCHDAF1 00000038 031952 10680374 01 FC:2253 510.00 DA

PTO/SB/17 (05-07)

Approved for use through 05/31/2007. OMB 0651-0032

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Clion Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

The on 12/08/2004.

Application Number.

Application Number.

FEE TRANSMITTAL FOR FY 2007 X Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 510.00 Attorney Docket No. 588722000400 METHOD OF PAYMENT (Check all that apply) Attorney Docket No. 588722000400 METHOD OF PAYMENT (Check all that apply) Attorney Docket No. 588722000400 METHOD OF PAYMENT (Check all that apply) Attorney Docket No. 588722000400 METHOD OF PAYMENT (Check all that apply) Attorney Docket No. 588722000400 METHOD OF PAYMENT (Check all that apply) Attorney Docket No. 588722000400 METHOD OF PAYMENT (Check all that apply) Attorney Docket No. 588722000400 METHOD OF PAYMENT (Check all that apply) Attorney Docket No. 588722000400 METHOD OF PAYMENT (Check all that apply) Attorney Docket No. 588722000400 Morrison & Foerster LLP Morrison & Foerster LLP Morrison & Foerster LLP Morrison & Foerster LLP Attorney Docket No. Charge fee(s) indicated below Attorney Docket No. Attorney Docket No. Attorney Docket No. Charge fee(s) indicated below Attorney Docket No. Charge fee(s) indicated below Attorney Docket No. Charge fee(s) Indicated below Attorney Docket No. Charge fee(s) Indicated Delow Attorney Docket No. Charge fee(s) Indicated Delow Attorney Docket No.	Effective on 12/08/2004.			Complete ii Knowii					
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METHOD OF PAYMENT (check all that apply)	For FY 2007			Examiner Name	****				
METHOD OF PAYMENT (check all that apply) Check	X Applicant claim	s small entity status.	See 37 CFR 1.27	Art Unit	26	635			
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number 03-1952 Deposit Account Name: Morrison & Foerster LLP	TOTAL AMOUNT O	F PAYMENT	(\$) 510.00	Attorney Docket	No. 58	88722000400)		
X Deposit Account Deposit Account Number: Deposit Account Number: Morrison & Foerster LLP	METHOD OF PAY	MENT (check all f	hat apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Credit any overpayments X Credit any overpayments X Credit any overpayments Examplements X Ene (s) Eee S Eee	· Check C	redit Card	Money Order No	ne Other (please identif	ÿ):			
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Telego any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Telego and 1.17	For the above	e-identified deposit	account, the Director i	s hereby authorize	ed to: (check	all that apply)			
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SUBMITTED BY							
Signature	Weboral	Molady	8	Registration No. (Attorney/Agent)	43,636	Telephone	(703) 760-7753
Name (Print/Type)	Deborah S. Glad	Istein				Date	May 29, 2007